



WISCONSIN

**DEPARTMENT OF WORKFORCE DEVELOPMENT**  
Division of Workforce Solutions  
Bureau of Workforce Programs

**TO: Economic Support Supervisors  
Economic Support Lead Workers  
Training Staff  
Child Care Coordinators  
W-2 Agencies**

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**BWP OPERATIONS MEMO**

**No.:** 02-03

**File:** 4000

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**Non W-2** ☒ **W-2** ☐ **CC** ☐

**PRIORITY:** High

**SUBJECT: CARETAKER SUPPLEMENT (CTS) AUTOMATION**

**Note:** Please share this memo with all staff who perform intake or eligibility functions for public assistance benefits.

**CROSS REFERENCE:** Operations Memo 01-75  
MA Handbook 31.0.0

**EFFECTIVE DATE:** January 25, 2002

**PURPOSE**

This Operations memo:

- Describes policy and process associated with the automation of the Caretaker Supplement (CTS) program in CARES.
- Explains the conversion schedule and process.

**BACKGROUND**

The SSI Caretaker Supplement (CTS) is a cash benefit paid to parents receiving SSI cash benefits who are caretakers of their children (by birth or adoption). This benefit consists of cash only in the amount of \$250 per month for the first child and \$150 per month for any child thereafter. The children must meet the eligibility requirements that were in place in Wisconsin for the now defunct AFDC cash benefit. Additionally, if both parents are in the home, both must be receiving SSI for the dependent children to be CTS eligible. Only 1 of these parents will receive CTS benefits for any child, however.

CTS benefits have been paid in Wisconsin since December 1997 to cases that formerly received AFDC and since January 1998 to cases that would have received AFDC had it

continued to exist. The overall intent of the CTS benefit is to provide financial assistance to SSI parents who are not eligible for Wisconsin Works (W2) cash benefits and who are caring for their own minor or dependent 18-year-old children.

CTS is not a Medicaid benefit. For administrative reasons, CTS has been paid to eligible Social Security Income (SSI) parents based on information from a combination of sources, including CARES and the Department of Health and Family Services (DHFS) SSI data base (WSSI). While CTS does create categorical eligibility for the Food Stamp program, it does not create Medicaid eligibility for any members of the AG.

CTS will become a program of assistance in CARES in January 2002 to:

1. Insure that payments occur in a timely manner and are made only to eligible SSI parents,
2. Insure proper notice of eligibility and payment award, and
3. Simplify federal reporting of use of Temporary Assistance to Needy Families (TANF) funds.

## **DISCUSSION**

The following are methods that may be used to complete an application or review:

- Face-to-Face
- Mail: The CAF (DES 2135) can be used for this purpose. The customer's signature does not need to be witnessed. The CAF is in the process of being revised to include CTS.
- Telephone

Provide DES 2378-1 (see attached) to all CTS clients at applications and review. This document was recently revised to include information about CTS reporting requirements. The Rights and Responsibilities Help Guide (PES 398) is being revised to include CTS.

Review CTS eligibility every 6 months. There is a "grace" month of eligibility granted before a case will close for lack of a review. For example, if a CTS group is due for a review in July, and a review is not completed, the group will still receive benefits for the month of August and will close at August adverse action, effective September 1.

A face-to-face CTS eligibility review is a review for other programs.

CTS is NOT Medicaid and MA self-declaration policy for verification does NOT apply to CTS. Information must be verified.

## **CARES**

Beginning January 25, 2002, CARES will determine CTS eligibility. There are two types of CTS cases that will be in CARES, converted and new cases.

Converted cases are those cases that had CTS eligibility in the month prior to the month of implementation. Workers will be using CARES to determine eligibility for converted cases beginning January 28, 2002 for March 1, 2002. Workers received case lists of converted cases in December 2001. It is essential that all cases on the category 1 and 2 lists be converted by the February 2002 adverse action date in order for the parent to receive CTS benefits for March 1, 2002.

New cases are those that are cases that have not had CTS eligibility in the month prior to eligibility. Eligibility for new cases may be determined in CARES beginning January 28, 2002.

There are several new screens being added to CARES as part of CTS automation. The new screens are: ACMP, CPRG, ECTI, ECTG, ECNT, ECRD, and ECGD. In addition, the following existing screens have been modified to incorporate CTS: CRAR, ACPA, ECII, ECGT, EESI, EFGT, EWII, and EWGT.

Verification of financial and non-financial information is required for CTS. ES workers should be using a “?” and “NV” to pend or fail the CTS AG for lack of verification. If the CTS case is also open in Medicaid, the ES worker may also need to use “Q?” and “QV” as s/he currently does with any type of Medicaid case.

The following chart summarizes the circumstances under which the ES worker uses each verification code to pend or fail different programs of assistance:

Verification Code	Medicaid				CTS & Other Programs
	SSN Citizenship Alien Status Pregnancy Disability	Assets For Elderly and disabled	Assets For Family MA	All other Items	
?	Pend	Pend	Pass	Pass	Pend
NV	Fail	Fail	Pass	Pass	Fail
Q?	Pend	Pend	Pend	Pend	Pend
QV	Fail	Fail	Fail	Fail	Fail

### ***CRAR – CAPTURE ASSISTANCE REQUEST***

CTS was added to the list of programs that can be requested during the Client Registration process.

### ***ACPA – PROGRAM OF ASSISTANCE***

CTS has it's own ACPA screen for application entry and review. The CTS screen will default to “Y” for all members of the group.

In certain Buening type cases (a non-marital co-parent or stepparent and half-sibling(s) are present in the case), the worker should enter an “N” on ACPA for CTS for the non-marital co-parent/stepparent and the half-sibling(s). This should **only** occur after eligibility has been determined with the request set to “Y” for everyone in the household and AG has failed CTS due to excess income.

**Example.** Simon is receiving SSI and has a minor child, Clarence. Clarence's mother does not live in the home. Simon is living with his girlfriend, Jessica, with whom he has a daughter, Jennifer. The income of Jennifer and Jessica, push the group over the AFDC income limits for a group size of 3.

Jennifer is not a dependent child, because Jennifer and Jessica's income is over the AFDC limit for a group size of 2, therefore Jennifer is not deprived. To exclude Jennifer and Jessica from the SFU, the worker would need to put an “N” in for Jennifer and Jessica on ACPA. See the screen print below.

ACPA	PROGRAM OF ASSISTANCE	11/14/01 09:05
CASE: 1234567890	WORKER: XWI005	XWI005 D TURK
LAST UPDATED: 11/14/01	CASE STATUS: PENDING	CASE MODE: INTAKE
PP: 01 NAME: SIMON	J TESTERINO	SSN: 382-12-2211
EFFECTIVE MMY: 0302		OVERRIDE DATE 11 14 01
PROGRAM OF ASSISTANCE: CTS		
CARETAKER SUPPLEMENT		
REQUESTING THIS PROGRAM/SUB PROGRAM OF ASSISTANCE? (Y/N): Y		
INDIVIDUALS TO BE INCLUDED IN THE PROGRAM OF ASSISTANCE		
01 Y 02 Y 03 N 04 N		
-----INDIVIDUALS-----		
01 SIMON T (PP)	02 CLARE T (SON)	03 JENNI T (DAU) 04 JESSI S (FRD)

The Department of Health and Family Services (DHFS) will produce reports of individuals set to "N" for CTS on ACPA and cases with half-siblings where Buening type cases may occur. DHFS will contact the worker when Buening type case policy is not being implemented correctly.

### **ANID – INDIVIDUAL DEMOGRAPHICS**

Age and Social Security Number (SSN) are items that are mandatory verification items for CTS. If a Date of Birth (DOB) and/or SSN (for clients over the age of six months) is not provided for CTS clients, the case will pend or fail for CTS benefits.

### **ANLA – INDIVIDUAL LIVING ARRANGEMENT**

To be eligible for CTS, all individuals in the Assistance Group (AG) must be in a valid living arrangement. The following living arrangement codes are valid for CTS: 01, 09, 10, 16, or 19.

### **ANBR – BENEFITS RECEIVED**

In order for an AG to be eligible for CTS, a parent must be receiving a SSI payment. Be sure the enter a "Y" in the SSI PAYMENT field on ANBR for the parent that is receiving SSI. If there is a "Y" in the SSI LTR, the case will not pass for CTS. Remember SSDI is not SSI, so a "Y" in the SSDI PMT field will not pass the case for CTS. Sometimes children whose SSI cash benefits have been terminated are in a SSI/Medicaid extension with no cash benefits while their appeal is pending. Since these children are not receiving SSI cash benefits, they may be CTS eligible.

ANBR	BENEFITS RECEIVED	11/14/01 09:08
CASE: 5000409051	WORKER: XCT302	XCT302 M OTTER
LAST UPDATED:	CASE STATUS: PENDING	CASE MODE: INTAKE
-----RECEIVED-----		
NUM	NAME	MMYY FS AFDC COMM PMT VR SSI PMT VR LTR VR GR VR FSTR CARE QDWI BEN CO VR RFRL VR
01	DAVID G	1101 N N N N Y DE n n n n n n n n
02	CAROL G	1101 N N N N Y DE N n n n n n n n
03	THANK G	1101 N N N N N n n n n n n n
04	FOR G	1101 N N N N N n n n n n n n
-----INDIVIDUALS-----		
01	DAVID G (PP )	02 CAROL G ( ) 03 THANK G ( ) 04 FOR G ( )

**ANBC – BENEFITS RECEIVED (2 OF 2)**

A person that receives SSI 1619(b) is not a SSI cash recipient, and is not a CTS parent. A child that is receiving SSI 1619(b) can be eligible for CTS.

CARES screens ANBR and ANBC will be automatically updated, weekly, with the most current information available from the federal Social Security Administration and DHFS. The verification field will be updated with a "DX." Check SOLQ if you disagree with any of the updates that are made.

Beginning January 28, 2002, all ES workers who have access to the WIOL subsystem in EDSNET will also have access to the WSSI subsystem in EDSNET. The viewable screens in this subsystem contain information about federal and state SSI, SSI-E and CTS eligibility and payment history. This information is being provided to ES workers so that they can correctly update CARES screen ANBR with SSI eligibility information. However, ES workers are strongly encouraged to rely on SOLQ for SSI eligibility and payment information whenever possible.

**NOTE:** SOLQ does not contain information about SSI State Supplement only cases in Wisconsin; this is where information on WSSI will be essential to the ES worker. Recipients of SSI State Supplement only, who are parents, may also qualify for CTS. More information regarding WSSI individual screen overviews is contained within the CTS training packets. The Medicaid Management (MMIS) Overview will be republished in January 2002, and will include a screen-by-screen guide to WSSI.

**ANSE – SCHOOL ENROLLMENT**

If there is a Dependent-18-year-old in the AG, complete ANSE with the expected date of high school graduation.

**ANHR – HOUSEHOLD RELATIONSHIPS**

Code SSI parents as caring for all their natural or adoptive children. If there is more than one SSI parent in the household, enter "Y" in CARING FOR REF for one parent for all children-in-common. If you do not do this, CARES will set more than one child as receiving \$250.00 in CTS for a parent.

ANHR			HOUSEHOLD RELATIONSHIPS					11/14/01 09:17	
CASE: 5000409051			WORKER: XCT302					XCT302 M OTTER	
LAST UPDATED:			CASE STATUS: PENDING					CASE MODE: INTAKE	
REF NUM: 03 NAME: THANKS			GIVING					SSN: 395 15 1515	
			P+P			FILLING			TAX
			MEALS		LEGL	PARENTAL	ESSENT		DEP
SOURCE	EFF	REL TO	WITH	CARING	CUSTD	ROLE	PERSON	OF	
NUM NAME	MMYY	REF VR	REF	FOR REF	FOR REF	FOR REF	FOR REF	FOR REF	REF
01 DAVID G	1101	ftr bc	Y	Y	N	N	N	N	N
02 CAROL G	1101	mtr bc	Y	N	N	N	N	N	N
04 FOR G	1101	btr bc	Y	N	N	N	N	N	N

**AFUI – UNEARNED INCOME**

CTS payments will be counted automatically by CARES for all other programs of assistance. Do not enter CTS payments on AFUI separately. If you see Caretaker Supplement income coded as OTFS or OTR on AFUI when processing a case in CARES, end date the income appropriately before running the case for eligibility.

**SFIC – INDIVIDUAL COMPOSITION SUMMARY 02-01**

SSI parents are coded as “EA” on the first line of SFIC, because they are in the SFU. They are coded on the second line of SFIC as “XA”, because they are excluded from the CTS AG because they are SSI recipients.

SFIC	INDIVIDUAL COMPOSITION SUMMARY				11/14/01 09:34
CASE: 5000409051	WORKER: XCT302			XCT302 M OTTER	
RUN: 01 CAT: CTS SEQ: 01					
PMT DT	----- INDIVIDUAL -----				
AG STS	----- ORIGINAL PARTICIPATION STATUS -----				-----
	----- FINAL PARTICIPATION STATUS -----				-----
120101	01	02	03	04	
DENIED	EA	EA	EC	EC	
	XA	XA	XC	XC	
110101	01	02	03	04	
OPEN	EA	EA	EC	EC	
	XA	XA	EC	EC	
----- INDIVIDUALS -----					
01	DAVID	G (PP )	02	CAROL	G (WIF)
03	THANK	G (DAU)	04	FOR	G (SON)

**EESI – ELIGIBILITY SUMMARY**

EESI shows CTS eligibility and the CTS payment amount for CTS eligible months.

EESI			ELIGIBILITY SUMMARY				11/14/01 09:35	
CASE: 5000409051			WORKER: XCT302				XCT302 M OTTER	
DETERMINATION DATE: 11 14 01			CASE STATUS: PENDING				CASE MODE: INTAKE	
CAT	SEQ	FFU	PAYMENT BEGIN DATE	PAYMENT END DATE	NON FIN S RESULT	ASSET S RESULT	INCOME RESULT	BENEFIT AMOUNT
BC	01	N	12 01 01		— FAIL	—	PASS	
BC	01	N	11 01 01	11 30 01	— FAIL	—	PASS	
CC Z	01	N	12 01 01		— FAIL			
CC Z	01	N	11 01 01	11 30 01	— FAIL			
CTS	01	N	12 01 01		— PASS	— PASS	FAIL	0.00
CTS	01	N	11 01 01	11 30 01	— PASS	— PASS	PASS	400.00
FS	01	N	12 01 01		— PASS	— PASS	PASS	227.00
FS	01	N	11 14 01	11 30 01	— PASS	— PASS	PASS	128.00
MA R	01	N	12 01 01		— PASS	—	PASS	

**EEAD – ASSET ELIGIBILITY DETERMINATION**

CTS has an asset test. EEAD will show the results of the asset test.

**ECTI – CARETAKER SUPPLEMENT INCOME**

ECTI is accessed by selection from EEIE. It shows how CARES is counting the income of individuals in the CTS AG.

```

ECTI                CARETAKER SUPPLEMENT INDIVIDUAL INCOME      11/14/01 09:39
CASE: 5000409051 CAT: CTS  SEQ: 01  WORKER: XCT302             XCT302 M OTTER
DETERMINATION DATE: 11 14 01      AG STATUS: DENIED  ELIGIBILITY STATUS: FAIL
PAYMENT BEGIN DATE: 12 01 2001  PAYMENT END DATE:

NAME: FOR                GIVING                SSN 351 56 1151
PARTICIPATION STATUS: XC EXCLUDED CHILD

SELF EMPLOYMENT EARNINGS:                .00      GROSS EARNED INCOME:                .00
EMPLOYMENT EARNED INCOME: +                .00      WORK RELATED EXPENSES: -                .00
GROSS EARNED INCOME: =                .00      EARNED INCOME DISREGARD: -                .00
DEEMED INCOME: +                .00      DEPENDENT CARE DEDUCTION: -                .00
UNEARNED INCOME: +                750.00      NET EARNED INCOME: =                .00
GROSS INCOME: =                750.00      DEEMED INCOME: +                .00
                                           UNEARNED INCOME: +                750.00
                                           CHILD SUPT/MAINTENANCE: -                .00
                                           DEPENDENT ALLOCATION: -                .00
                                           NET INCOME: =                750.00

```

**ECTG – CARETAKER SUPPLEMENT GROSS INCOME TEST**

ECTG is accessed by selection from EEIE. It displays the result of the CTS Gross Income Test. All CTS budgets compare income to standards based on an area of the state. All counties are in Area 2, except for Brown, Dane, Dodge, Dunn, Eau Claire, Kenosha, La Crosse, Marathon, Manitowoc, Milwaukee, Outagamie, Ozaukee, Racine, Rock, St. Croix, Sheboygan, Washington, Waukesha, and Winnebago, which are Area 1.

```

ECTG                CARETAKER SUPPLEMENT GROSS INCOME TEST      11/14/01 09:39
CASE: 5000409051 CAT: CTS  SEQ: 01  WORKER: XCT302             XCT302 M OTTER
DETERMINATION DATE: 11 14 01      AG STATUS: DENIED  ELIGIBILITY STATUS: FAIL
PAYMENT BEGIN DATE: 12 01 01  PAYMENT END DATE:

GROSS INCOME:                750.00
ASSIGNED CHILD SUPPORT: +                .00
CHILD SUPPORT DISREGARD: -                .00
EXCESS SELF EMP EXPENSE: -                .00
COUNTABLE GROSS INCOME: =                750.00

ELIGIBLE MEMBERS:                2
COUNTED MEMBERS: +                0
AG SIZE: =                2
PREGNANT WOMEN IN AG:                0
GROSS INCOME LIMIT:                1018.00

THE AG HAS PASSED THE CARETAKER SUPPLEMENT GROSS INCOME TEST

```

**ECNT – CARETAKER SUPPLEMENT NET INCOME TEST**

ECNT is accessed by selection from EEIE. It displays the result of the CTS Net Income Test.

```

ECNT                CARETAKER SUPPLEMENT NET INCOME TEST    11/14/01 09:39
CASE: 5000409051 CAT: CTS  SEQ: 01  WORKER: XCT302          XCT302 M OTTER
DETERMINATION DATE: 11 14 01          AG STATUS: DENIED  ELIGIBILITY STATUS: FAIL
PAYMENT BEGIN DATE: 12 01 01 PAYMENT END DATE:

```

```

      GROSS EARNED INCOME:                .00
      WORK RELATED EXPENSES: -             .00
      STUDENT DISREGARD: -                 .00
      EARNED INCOME DISREGARD: -           .00
      DEPENDENT CARE DEDUCTION: -          .00
      NET EARNED INCOME: =                 .00
      UNEARNED INCOME: +                   750.00
      CHILD SUPPORT DISREGARD: -            .00
      CHILD SUPT/MAINTENANCE: -            .00
      DEPENDENT ALLOCATION: -               .00
      EXCESS SELF EMPLOYMENT EXP: -         .00
      COUNTABLE NET INCOME: =              750.00

      ELIGIBLE MEMBERS:                    2
      COUNTED MEMBERS: +                   0
      AG SIZE: =                           2
      PREGNANT WOMEN IN AG:                0
      ASSISTANCE STANDARD:                  550.00

```

TYPE OF EARNED INCOME DISREGARD:

AG HAS FAILED THE CARETAKER SUPPLEMENT NET INCOME TEST

**ECRD – CTS RECIPIENT DETERMINATION**

CARES displays grant payment info on ECRD including the caretaker(s) who will be receiving the payment(s) as well as the eligible child(ren).

```

ECRD                CTS RECIPIENT DETERMINATION              11/14/01 09:40
CASE: 5000409051 CAT: CTS  SEQ: 01  WORKER: XCT302          XCT302 M OTTER
DETERMINATION DATE: 11 14 01          AG STATUS: DENIED
PAYMENT BEGIN DATE: 12 01 01 PAYMENT END DATE:

```

```

CARETAKER    ELIGIBLE CHILD(REN)                                BENEFIT AMT
DAVID G 01   THANK G 03 FOR    G 04                             400.00

```

**ECGD – CARETAKER SUPPLEMENT GRANT DETERMINATION**

ECGD displays the CTS Grant Determination Test.

```

ECGD                CARETAKER SUPPLEMENT GRANT DETERMINATION 11/14/01 09:41
CASE: 5000409051 CAT: CTS  SEQ: 01  WORKER: XCT302          XCT302 M OTTER
DETERMINATION DATE: 11 14 01          AG STATUS: DENIED  ELIGIBILITY STATUS: FAIL
PAYMENT BEGIN DATE: 12 01 01 PAYMENT END DATE:

```

```

      GROSS EARNED INCOME:                .00
      STUDENT DISREGARD: -                 .00
      WORK RELATED EXPENSES: -             .00
      EARNED INCOME DISREGARD: -           .00
      DEPENDENT CARE DEDUCTION: -          .00
      NET EARNED INCOME: =                 .00
      UNEARNED INCOME: +                   750.00
      CHILD SUPPORT DISREGARD: -            .00
      CHILD SUPT/MAINTENANCE: -            .00
      DEPENDENT ALLOCATION: -               .00
      EXCESS SELF EMPLOYMENT EXP: -         .00
      COUNTABLE NET INCOME: =              750.00

      ELIGIBLE MEMBERS:                    2
      COUNTED MEMBERS: +                   0
      AG SIZE: =                           2
      PREGNANT WOMEN IN AG:                0
      FAMILY ALLOWANCE:                    440.00
      COUNTABLE NET INCOME:                750.00
      TOTAL CTS GRANT AMT:                  0.00

```

TYPE OF EARNED INCOME DISREGARD:

THE AG HAS FAILED THE CARETAKER SUPPLEMENT GRANT DETERMINATION



## ECII, ECGT, EWII, EWGT AND EFGT – GROSS INCOME TEST SCREENS FOR CHILD CARE, W2, AND FOOD STAMPS

CARES correctly budgets CTS income for Child Care, W2 and Food Stamps automatically. In the sample screen print below, the group has been found eligible for CTS and will not begin receiving the payment until December. CARES correctly budgets \$0 in the Food Stamp Gross Income Test

EFGT	FOOD STAMP GROSS INCOME TEST			11/14/01 09:43
CASE: 5000409051	CAT: FS	SEQ: 01	WORKER: XCT302	XCT302 M OTTER
DETERMINATION DATE: 11 14 01		AG STATUS: OPEN		ELIGIBILITY STATUS: PASS
PAYMENT BEGIN DATE: 11 14 01		PAYMENT END DATE: 11 30 01		<b>FS CAT. ELIGIBLE: Y</b>
TEST FOR PROSPECTIVE MONTH:			1	
SELF-EMPLOYMENT-EARNINGS:			.00	
EXCESS SELF EMP EXPENSE:-			.00	DEEMED INCOME: .00
EMPLOYMENT EARNED INCOME:+			.00	AFDC GRANT:+ .00
GROSS EMPLOYMENT EARNINGS:=			.00	W2 PAYMENT AMOUNT:+ .00
UNEARNED INCOME:+			1202.00	<b>CTS BENEFIT AMOUNT:+ .00</b>
NET FINANCIAL AID INCOME:+			.00	OTHER UNEARNED INCOME:+ 1202.00
FARM LOSS:-			.00	UNEARNED INCOME:= 1202.00
COUNTABLE GROSS INCOME:=			1202.00	
AG SIZE:			04	
GROSS INCOME LIMIT:			.00	
THE AG HAS PASSED THE FOOD STAMP GROSS INCOME TEST				

## AGEC – ELIGIBILITY RESULTS CONFIRMATION

CTS is confirmed on AGEC. The benefit amount and failure reason codes are also displayed here.

AGEC ELIGIBILITY RESULTS CONFIRMATION				11/14/01 09:44					
CASE: 5000409051				WORKER: XCT016      XCT016 M OTTER					
LAST UPDATED: 11 14 01				CASE STATUS: PENDING CASE MODE: INTAKE					
ELIGIBILITY REVIEW DATE:									
CAT	SEQ	PMT BEG DATE	PMT END DATE	BENEFIT AMOUNT	AG STATUS	ELIG STATUS	REASON CODES	MR RSN	CONFIRM (Y/N)
BC	01	12 01 01		0.00	DE	FAIL	046	—	Y
BC	01	11 01 01	11 30 01	0.00	DE	FAIL	046	—	Y
CC Z	01	12 01 01		0.00	DE	FAIL	054	—	Y
CC Z	01	11 01 01	11 30 01	0.00	DE	FAIL	054	—	Y
CTS	01	12 01 01		400.00	DE	FAIL	013 014	—	Y
CTS	01	11 01 01	11 30 01	400.00	OP	PASS		—	Y
FS	01	12 01 01		227.00	OP	PASS		—	Y
FS	01	11 14 01	11 30 01	128.00	OP	PASS		—	Y
MA R	01	12 01 01		0.00	OP	PASS		—	Y
MA R	01	11 01 01	11 30 01	0.00	OP	PASS		—	Y

## ***CPRG – CTS RECIPIENT GRANT AMOUNT***

CARES displays the grant payment information on CPRG, including the caretaker(s) who will be receiving the payment(s) and the eligible child(ren).

CPRG	CTS RECIPIENT GRANT AMOUNT	01/04/02 15:02
CASE: 4700253444 CAT: CTS SEQ: 01	WORKER: XCT934	XCT934 S JANKOWSKI
INTERFACE DATE: 12 17 01		
BENEFIT MONTH: 012002		
CARETAKER	ELIGIBLE CHILD(REN)	GRANT AMT
MAGGI R 01	DEBRA R 02 ELAIN R 03	400.00

## ***CTS BENEFIT ISSUANCE***

Once benefits are confirmed in CARES, CARES transmits the eligibility data to EDS through the CTS interface. This will trigger CTS payments being added to the parent's SSI check. Each transaction is displayed on the screen CPRG.

CARES will transmit CTS benefit information to EDS twice per month. The SSI payment cycle that coincides with the CARES adverse action date will contain the majority of CTS benefits for the following month. Approximately one week later (immediately prior to the benefit issuance "pull-down" date) CARES will transmit any additional cases that are payable for the following month.

CTS Payments are made on the 1<sup>st</sup> of the month for that month's eligibility. If a case is determined to be eligible for CTS for May prior to pull-down in April, the parent would receive that payment on the first of May.

If a CTS payment is confirmed after "pull-down," the payment will be added into the next possible payment month's check for that parent.

**Example:** CTS is confirmed on March 30<sup>th</sup> for March and April. Parent will actually receive a check for 3 months worth of CTS on May 1<sup>st</sup> (March, April and May payments).

The State SSI Program will issue all CTS benefits interfaced from CARES, unless either of the following occurs:

1. No record of the parent, parent's address, or parent's electronic funds transfer (EFT) information exists on the WSSI database.
2. The parent is eligible for SSI, but his or her SSI payments are in "suspense" status due to a payee change or address discrepancy. SSI and CTS benefits will be released when the suspense status ends.

## ***MANUAL PAYMENT***

If an ES worker needs to run CTS eligibility for specific dates using CARES (running with dates), eligibility will show on CARES eligibility screens. This information will not be systematically transmitted to EDS for payment, however these instances must be made known to EDS manually. Complete a CTS manual payment form (DWS-12825) and fax it to EDS at 608-221-0991. The ES worker must also populate CARES screen ACMP (see below) with

information about each instance of manual payment and provide notice to the client about the benefits that will be received.

ACMP	CARETAKER SUPPLEMENT MANUAL PAYMENT	01/04/02 15:23
CASE: 4700253444	WORKER: XCT934	XCT934 S JANKOWSKI
LAST UPDATED:	CASE STATUS: OPEN	CASE MODE: ONGOING
CARETAKER NUM: ____ NAME:	SSN:	
DC: ____		
PAYMENT MONTH: _____		
PAYMENT SEQUENCE:		
PAYMENT AMOUNT: _____		
ELIGIBLE CHILDREN: ____		
COMMENT:		
-----INDIVIDUALS-----		
01 MAGGI R (PP )	02 DEBRA R (DAU)	03 ELAIN R (DAU)

There may also be instances in the future where CARES is unable to systematically transmit eligibility for past months in a particular case. The manual payment process described in the paragraph above may also be used for this purpose. However, manual payments may be generated only when CARES cannot or fails to transmit a payment to EDS, not simply to get a payment for federal reporting purposes to the case head sooner than the general SSI monthly payment cycle.

## OVERPAYMENTS

If an ES worker identifies that a CTS overpayment or incorrect payment has been made for any child(ren) for any month(s), the ES worker must complete a recoupment form (DWS 12828) and fax it to EDS at 608-221-0991. The ES worker should make a comment on ACCC in CARES noting the details of the recoupment. Send a manual notice of overpayment or incorrect payment to the SSI parent. EDS will set up the overpayment or incorrect payment as a recoupment against future SSI or CTS payments to the parent. EDS will be referring any SSI parent with questions or a request for waiver of CTS recoupment to his or her local ES worker.

## REASON CODES

There are 25 new reason codes being added to the CARES system as a part of the CTS automation. The reference numbers and short text reasons are displayed in the table below. Long text can be viewed on CURD.

<b>Reason Code</b>	<b>Short Text Description</b>
429	Parents are not on SSI.
430	No qualifying caretaker for this child.
431	Call back SFU
432	Person should apply for CTS in a new case
433	CTS grant amount decreased
434	CTS grant amount increased
435	No SSN for this individual
436	Individual (parent) not on SSI

<b>Reason Code</b>	<b>Short Text Description</b>
437	A valid CTS target could not be identified by SFU.
438	A potential CTS individual is not present in the case.
453	The target is not requesting CTS
454	The primary person cannot be a target for this AG.
455	Minor Indiv is not single or annulled
456	Indiv. not a parent of a potentially elig child in AG
457	Minor child is receiving SSI benefits
458	Eligibility determined in another CTS sequence
459	Target is not a child of PP/PP spouse.
460	Eligible for CTS in another case
461	No qualified relationship to potentially elig child in group
462	No longer a minor or dependent 18 y/o in the AG
468	Not a potentially eligible individual
477	Target may be eligible in different CTS Sequence
478	Adult receiving SSI benefits
480	Child receiving SSI benefits
481	Adult receiving 1619(b)

## **NOTICES**

All CTS notices will be issued from CARES as part of the January 25<sup>th</sup> automation. The notices will contain a budget for CTS and the CTS grant amount when eligible.

## **ATTACHMENTS**

At the end of this memo are facsimiles of PSL 3110 (January, 2002), DES 2378-1 (revised November, 2001) and DWS 12828 (new, October, 2001) for your reference.

## **CONTACTS**

DES CARES Information and Problem Resolution Center

Email: [carpolcc@dwd.state.wi.us](mailto:carpolcc@dwd.state.wi.us)  
Phone: 608-261-6317 (Option #1)  
Fax: 608-266-8358

**Note:** Email contacts are preferred. Thank you.

## Information About Caretaker Supplement (CTS)

Wisconsin's Caretaker Supplement (CTS) is a cash benefit available to parents who are eligible for Supplemental Security Income (SSI) payments. CTS is not a Medicaid benefit; it pays cash only to eligible parents. CTS benefits are \$250 per month for the first eligible child and \$150 per month for each additional eligible child.

### Who should apply for CTS?

Parents who receive SSI who are living with and caring for their minor children who have limited income and assets.

### Where do I apply for CTS?

Apply for CTS at your local human services or social services agency. If you are already receiving food stamps, Medicaid or child care benefits for your children, you should contact your worker to apply for CTS. You cannot apply for CTS at your local Social Security Office.

### What are the eligibility requirements for CTS?

You must be receiving a Wisconsin SSI payment and your children must meet income and asset requirements for the benefit. Your household must also meet certain non-financial criteria, such as Wisconsin residency. You cannot receive CTS benefits for any of your children who are also receiving SSI. In some cases, 18-year-old children who are still in high school may qualify for CTS benefits. If your children have two parents in the household, both parents must be receiving SSI for the children to be considered for CTS eligibility. If your SSI benefits end, your CTS benefits will also end. Any parent who receives CTS benefits must cooperate with the county child support agency to ensure that any absent parent is paying child support.

### Does CTS eligibility affect my other benefits?

You may be eligible for CTS even though your children are not receiving Medicaid. Eligibility for each type of assistance is determined separately by your local agency. CTS benefits may affect the amount of benefits you receive from other assistance programs. Report any changes in your income, assets or household to your worker.

### How are CTS benefits paid?

CTS benefits are paid to SSI recipients as part of their monthly state SSI benefit. This is not an emergency funding program. Any SSI recipient who has chosen electronic funds transfer (EFT) for their SSI benefit will have their CTS paid to them through EFT.

### W-2 LEARNFARE

I understand that in order to be eligible for W-2, children ages 6 through 17 are subject to Learnfare. Learnfare requires my child(ren) to be enrolled in school. In addition, any child(ren) who is an habitual truant, a dropout, a minor parent, or not enrolled in school is required to participate in Learnfare case management services. Not complying with the school enrollment requirement or mandatory case management requirement without good cause will result in a \$50.00 penalty per child per month. The maximum penalty is \$150.00 per household per month. I understand I can refer to the W-2 Participation Agreement for more information on Learnfare participation requirements.

### FOOD STAMP EMPLOYMENT AND TRAINING PROGRAM

I understand by signing the application form I have registered myself and all persons included in my Food Stamp group with the Food Stamp Employment and Training Program. I understand that I can refer to the Food Stamp Rights and Responsibilities pamphlet for more information.

- Anyone in my Food Stamp group who is required by state and federal law to participate in the Food Stamp Employment and Training Program will be referred to the program unless s/he is exempt.
- I will be notified if anyone in my household is referred to the Food Stamp Employment and Training Program.
- Anyone in my Food Stamp group who is not required to participate in the Food Stamp Employment and Training Program may volunteer to do so by telling the worker.
- If anyone who is required to participate in the Food Stamp Employment and Training Program fails or refuses to do so, the food stamp benefit may be reduced or terminated.

### CITIZENSHIP

I and all other persons living in my household and applying for aid are citizens or nationals of the United States or are in a satisfactory immigration status. I understand that the alien status of any person in my household applying for benefits will be verified with the Immigration and Naturalization Service (INS). Information from INS may affect my household's eligibility and amount of benefits.

### CHILD SUPPORT COOPERATION

I understand that I must cooperate with the Child Support Agency by helping to locate absent parents, legally naming the absent parent and/or enforcing child support orders if I am requesting W-2, Child Care Assistance, Food Stamps, Caretaker Supplement or Medicaid for a child with an absent parent. Failure to cooperate with the Child Support Agency may result in termination or a reduction in benefits.

### OTHER MEDICAL COVERAGE

I understand that as a condition of Medicaid, I must report to the agency any third party who may be liable to pay for medical care for me and my family. I must cooperate by giving information as requested. This also includes any insurance that may be available through an absent parent or an employee's group health insurance.

### RECOVERY OF MEDICAID

I understand that Wisconsin state law provides for the recovery of certain Medicaid benefits I receive while age 55 or older and residing in the community. I understand that the law also provides for the recovery of all Medicaid benefits I receive while I am a resident in a nursing home and while I am an inpatient in a hospital for 30 days or more. I also understand that under limited circumstances a lien may be placed on my home for benefits I receive while I am residing in a nursing home if I am unlikely to return home and my spouse (or minor/disabled son or daughter) does not live in the home.

### WISCONSIN WORKS (W-2) FACT FINDING

I understand that I may request a Fact Finding by writing to the W-2 agency if I do not agree with the agency's decision regarding my W-2 application, ongoing W-2 services or recoupment from an overpayment **within 45 days** from the date I am notified of the decision or within 45 days from the effective date of the decision, whichever is later. A W-2 fact finder will hold a meeting to review the action and send me a decision in writing. The Fact Finding will review decisions of W-2 service issues such as placement in a W-2 employment position, Child Care Assistance, and Emergency Assistance.

The W-2 agency is also available to hear Equal Opportunity Employment and services concerns.

### FAIR HEARING – MEDICAID, FOOD STAMPS, and CARETAKER SUPPLEMENT

I understand that I have the right to request a Fair Hearing if I do not agree with the agency's decision regarding an overpayment, my application or ongoing benefits for Medicaid, Caretaker Supplement or Food Stamps. I understand that I can ask for a Fair Hearing by writing to: **Division of Administrative Hearings, P. O. Box 7875, Madison, WI 53707-7875**. I may also contact the office where I applied and ask for assistance with filing a Fair Hearing request. I understand that I can refer to the Fair Hearing Pamphlet for more information.

### USE OF SOCIAL SECURITY NUMBER

I understand that I must give the agency the Social Security Number (SSN) for all household members applying for benefits. This is required by the Food Stamp Act of 1977. My SSN, as well as other information I give the agency, is subject to verification by federal, state and local officials for the Food Stamp Program and other federal assistance and state programs, such as School Lunch, W-2, Medicaid and Caretaker Supplement. Computer matching may be used to verify information with the Internal Revenue Service, Social Security Administration, Unemployment Insurance Division, and Department of Transportation. The SSNs are also used to check the identity of household members through program reviews or audits to prevent duplicate participation, and to make sure my household is eligible for assistance. The agency may contact my household's employers, banks or other parties. Knowingly providing false information may result in criminal or civil action and/or an overpayment of benefits which I will have to repay.

### DRUG FELONY

I understand I must report to my worker if I have been convicted of a drug felony for an offense that happened on or after 8/22/96. If I refuse to provide this information, I may be denied W-2 services and/or Food Stamp benefits. If I have been convicted of a drug felony and I am placed into a Community Service Job or W-2 Transition position, I must submit to a drug screen test. If my drug screen is positive my benefits will be reduced. If I refuse to submit to a drug screen, I may be found ineligible for W-2 services and/or Food Stamp benefits.

### OVERPAYMENTS

I understand that I must pay back any AFDC, W-2, Child Care Assistance, Food Stamp or Caretaker Supplement payments I received in error regardless of whether or not it was my fault or an error was made by the agency.

### W-2 PENALTY WARNING

I understand that any member of my household who intentionally breaks any of the following rules for the purpose of getting or staying eligible for W-2 or increasing the amount of W-2 payments to the family, can cause reduction or termination of W-2 services. I will be ineligible to participate for 10 years if I am found to have made a false statement or misrepresentation about my identity or residence in order to receive multiple payments at the same time. Fleeing felons and probation/parole violators are ineligible for the program. After three (3) Intentional Program Violations occur, my entire W-2 group may be permanently barred from the W-2 program. I understand that I may also be prosecuted for fraud if I intentionally make false statements to receive payments and I will be responsible for repaying benefits I received in error.

DO NOT make false or misleading statements or actions.  
DO NOT misrepresent or withhold facts.

### FOOD STAMP PENALTY WARNING

The information on this form will be subject to verification by federal, state and local officials and through the state Income and Eligibility Verification System. This information may also be submitted to the Immigration and Naturalization Service (INS) for verification. The information we get from INS may affect the household's food stamp eligibility and amount of benefits. If any information you give is found to be incorrect, you may be denied food stamps and/or subject to criminal prosecution for knowingly providing false information and will be responsible for repaying any benefits received in error.

I understand any member of my household who intentionally breaks any of the following rules can be barred from the Food Stamp Program for one (1) year after the first violation, two (2) years after the second violation, and permanently for the third violation. An individual may also be permanently disqualified to receive food stamps after the first conviction involving the trafficking of food stamps of \$500 or more. The individual may be unable to participate for 10 years if found to have made a false statement or misrepresentation with respect to identity and residence in order to receive multiple benefits at the same time. The individual can also be fined up to \$250,000, imprisoned up to 30 years, or both. A court can also bar a person from the program for an additional 18 months.

- DO NOT give false information, or hide information, to get or continue to get food stamps.
- DO NOT trade or sell food stamp coupons, Wisconsin Quest cards or other authorizing documentation.
- DO NOT alter Wisconsin Quest cards or any other documentation to get food stamp benefits you are not entitled to use.
- DO NOT use food stamp benefits to buy ineligible items, such as alcoholic drinks or tobacco.
- DO NOT use someone else's food stamp benefits, Wisconsin Quest Cards or other authorization documents for your household.

#### NON-DISCRIMINATION STATEMENT

In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is also prohibited on the basis of religion or political beliefs.

To file a complaint of discrimination, call or write:

**USDA,**  
Director, Office of Civil Rights,  
Room 326-W, Whitten Building, **OR**  
1400 Independence Avenue, S.W.,  
Washington, D.C. 20250-9410  
(202) 720-5964 (voice and TDD)

**HHS**  
Director, Office for Civil Rights  
Room 506-F  
200 Independence Avenue, S.W.,  
Washington, D.C. 20201  
(202) 619-0403 (voice) or  
(202) 619-3257 (TDD).

**USDA and HHS are equal opportunity providers and employers.**



State of Wisconsin  
Department of Workforce Development



DWD and DHFS are equal opportunity employers and service providers. If you have a disability and need to access this information in an alternate format, or need it translated to another language, please contact (608) 264-9820 or (866) 275-1165 TTY (Toll Free).

For civil rights questions call (608) 264-9820 or (866) 275-1165 TTY (Toll Free).

STATE OF WISCONSIN  
DEPARTMENT OF WORKFORCE DEVELOPMENT  
Division of Workforce Solutions

**Addendum to Application/Registration for**

## **Wisconsin Works (W-2) Services, Caretaker Supplement (CTS), Child Care Assistance, Medicaid/Healthy Start, and Food Stamps Statements and Warnings**

Read the following statements carefully. **Ask** about any statements you do not understand. This form is part of your application; you may ask your worker for a copy of the application. **Keep** this Addendum with your important papers and review the Statements and Warnings when changes occur. **Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].**

#### REPORTING CHANGES

I understand for the **Food Stamp Program** I must report to the agency **within 10 days**:

- Any new employment or job end.
- Any change in salary or rate of pay (increase or decrease)
- Change in full or part-time employment status
- A change in unearned income of more than \$25 (increase or decrease)
- A change in assets which results in exceeding the asset limit. (Ask your worker about the asset limit.)
- If a person moves in or out of the household.
- Any change in my address and resulting change in my shelter costs (increase or decrease)
- Any change in a legal obligation to pay child support.
- If my work hours are less than 20 hours per week (for adults not caring for children).

I understand for **Child Care Assistance** I must also report to the authorizing agency **within 10 days**:

- Any change in hours requested for child care.
- Any change in a child care provider.

I understand for **Wisconsin Works (W-2), Child Care Assistance, Caretaker Supplement and Medicaid** I must report to the agency **within 10 days**:

- **Any changes in income or assets** of any member of my household, **AND**
- **Any other change** in the information I have given on my application and that is required in the "Rights and Responsibilities" pamphlet.
- **I understand that I must report in five (5) days if a child included in my W-2 or Caretaker Supplement group is no longer under my care and custody.**

**I understand that for all programs if I fail to report changes, I may be prosecuted for fraud and/or I will be responsible to repay any benefits I receive in error. To report a change, I understand I can use the Blue Change Report form or I can contact my worker by phone, in person, or in writing.**

#### WISCONSIN WORKS (W-2) SERVICES

I understand that W-2 is a work-based program that offers placement into an employment position. If I am unable to work full-time, I may be assigned to other activities within the limits of my capabilities and family responsibilities. I understand that if I am already employed or looking for employment, W-2 may help me pay for child care costs or get a Job Access Loan. W-2 encourages me to look for a job on my own and may provide case management services to help me find a job. I understand that I must do activities assigned to me while my application is pending and apply for other forms of assistance such as Unemployment Insurance or Supplemental Security Income (SSI) as required. If I am approved for a W-2 employment position, my placement is determined by my employment history and job readiness. I understand my W-2 payment may be reduced or terminated if I refuse or miss assigned hours without good cause. **I understand that W-2 payments are subject to a 60-month time limit during my family's lifetime.** I understand that I can refer to the W-2 Participation Agreement for more information on W-2 participation requirements.

DES-2378-1(R. 11/2001)

## AUTHORIZATION FOR RECOUPMENT CARETAKER SUPPLEMENT (CTS)

**Instructions:** Complete and fax to 608-221-0991 (EDS).

Completion of this form is required under the provisions of Section 49.775 of the Wisconsin Statutes. Failure to comply may result in a denial of recoupment. Personally identifiable information on this form will only be used to obtain relevant data required.

Name - ES Worker	Telephone Number
Name - Caretaker	Caretaker Social Security Number*
Caretaker CARES Case Number	Total Recoupment Dollar Amount

Itemized Recoupment by Month	
Month/Year	Reason

Date - Case Comments on CARES Screen ACCC (Authorizations without comments on CARES screen ACCC will be returned.)	Date - Notice of Recoupment Sent to Caretaker
<b>SIGNATURE</b> - Worker	Date - Today

\*The provision of your Social Security Number is mandatory under Wisconsin Statutes. Your Social Security Number will be used to verify whether you receive SSI and to make certain that your SSI Caretaker Supplement benefits are paid to the correct person. If you do not provide your Social Security Number, your SSI Caretaker Supplement benefits will be denied.

**For EDS Use**

Date Keyed \_\_\_\_\_  
Date Returned \_\_\_\_\_